

SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS FIELD TRIP PERMISSION SLIP

Directions: Please complete all sections of the permission form and turn it in to your teacher/advisor 10 days prior to the trip.

Student Name: _____ Teacher: Mr. Durand Thomas

Destination/Activity: Marching Band Season: 2019-20 School Year

Date of Trip: July 2019 – May 2020 Time of Departure: TBD Time of Return: TBD

1. Students participating in a school field trip are to observe all school behavior expectations.
2. Student luggage and lodging rooms are subject to inspection and search at any time by school officials.
3. It is the student's responsibility to arrange for missed work resulting from this field trip.
4. I understand that this form must be completed and turned in to the teacher/advisor at least 10 days prior to the field trip.

Please list all information that medical providers, staff and chaperones may need to know for the proper care of your child in case of an emergency:

____ Asthma Inhaler: _____

____ Allergies List: _____

____ Heart Murmur _____

____ Seizures Explain: _____

____ Diabetes Insulin Type: _____

Insulin Type: _____

Other Conditions (Be specific): _____

Medications Being Taken: _____

Medications Being Taken:

Medication cannot be administered on field trips. If your child has a life-threatening medical condition, (i.e. asthma, anaphylactic reaction) which requires medication, please contact the school nurse for a request for self-administration of medication form which your doctor must complete and sign. The completed form must be returned to the school nurse prior to the date of the field trip. Medication must be in the original prescription labeled container. For any questions regarding medication on field trips, please contact the school nurse.

I have read the contents of this form and hereby give permission for my son/daughter to attend the field trip. I also understand that school officials have the right to conduct reasonable searches of student luggage or other belongings.

Home Phone Number: _____

Area Code Number

Parent/Guardian Work Number: _____

Name Area Code Number Ext.

Parent/Guardian Work Number: _____

Name Area Code Number Ext.

Emergency Number: _____

Name Area Code Number Ext.

Student Signature: _____

Parent Signature: _____

****PLEASE RETURN THIS FORM TO THE BLUE BOX IN THE MUSIC OFFICE, ASAP****